



EXISTING HOME COMPONENT SYSTEMS CERTIFICATION

DIRECT Single Family 502 Housing Inspections

Property Address

street address, city, state

Circle each with: "Y" yes-in good order; "N" not in good order-repairs needed, see written comments.

General Requirements:

- Y N Structurally Sound: House is in good repair and structurally sound.
- Y N Roof has 5 yrs remaining life.
- Y N HVAC: Adequate heating, ventilation, and air conditioning system. (a/c not required but must be operational if present)
- Y N Plumbing: Including faucets, toilets, drains, garbage disposals, and water heater.
- Y N N/A On Site Sewage System and Wells: Approved by Department of Health. (State or Local).
- Y N Electrical System: Junction box, outlets, switches, etc. meet codes and utility requirements. (if electrical updating is required) GFI's around sinks & bathrooms are required.
- Y N Termite Certification: Certification provided by licensed exterminator with damage report.
- Y N N/A Crawl spaces: Must have 18" clearance. Vapor barrier on ground required, 6 mil poly with 6" laps at seam.
- Y N N/A Basement garage ceiling and wall separating basement and/or attached garage must have taped gypsum board or other fire retardent material (such as exterior siding, OSB, plywood).

Thermal Requirements: *insert insulation R-value for item.*

- Y N Windows: Dual paned primary or single paned primary with a single paned storm sash.
- Y N Exterior Doors: Insulated steel or solid core wood. Hollow core doors need storm door (not screen door).
- R-_____ Walls: Walls shall be insulated as near to R-19 as economically feasible (if additional costs can be supported with the appraisal). Any exterior wall framing exposed during repair or rehabilitation work shall have a vapor barrier installed and be fully insulated. Uninsulated walls are not acceptable.
- R-_____ Ceiling Insulation: R-32 minimum between and over the ceiling joists (R-38 recommended).

Certification:

I certify that I have inspected this house to make a professional determination as to whether the aforementioned items were operating properly and are adequate to provide a homeowner with a functionally adequate home ready for immediate use with the exception of the following deficiencies which must be completed (attach continuations):

Signature of Inspector

date

Official Position Title

Business Name

Telephone Number